

2023/2024 Health Insurance Premiums

Cost to employee per **month**

PPO Health/Vision	Full-time	Part-time 30	Part-time 20
Employee only	\$109.75	\$273.53	\$437.31
Employee & spouse	\$236.22	\$588.74	\$941.26
Employee + 1 child	\$152.61	\$380.34	\$608.08
Employee + 2 or more children	\$216.36	\$539.24	\$862.12
Family	\$336.57	\$838.83	\$1,341.10

HSA Health/Vision	Full-time	Part-time 30	Part-time 20
Employee only	\$53.55	\$181.63	\$360.29
Employee & spouse	\$115.26	\$445.36	\$775.46
Employee + 1 child	\$74.46	\$287.72	\$500.97
Employee + 2 or more children	\$105.57	\$407.91	\$710.25
Family	\$164.22	\$634.54	\$1,104.85

Dental Premium	Full-time	PT-30	PT-20	PT-20
			Delta Dental	Willamette
Employee Only	\$0	\$0	23.37	29.27
Employee & spouse	\$0	\$0	39.81	49.83
Family	\$0	\$0	65.53	82.07